

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/818,445
	Filing Date	Jul 11, 2003
	First Named Inventor	Nemirofsky, Frank Robert
	Art Unit	3622
	Examiner Name	Jeffrey D. Carlson
Total Number of Pages in This Submission	Attorney Docket Number	6555/53771

ENCLOSURES <i>(Check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; height: 1.2em; width: 100%;"></div> Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Law Office of Mark J. Spolyar		
Signature	/Mark James Spolyar/		
Printed name	Mark James Spolyar		
Date	September 5, 2007	Reg. No.	42164

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Mark James Spolyar	Date	September 5, 2007

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2007 <i>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</i>		Docket Number (Optional) 6559/53771													
Application Number 10/618,445		Filed 7/11/2003													
For Interactive Electronic Commerce and Message Interchange System															
Art Unit 3622		Examiner Jeffrey D. Carlson													
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.															
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):															
	<table border="1"> <thead> <tr> <th>Fee</th> <th>Small Entity Fee</th> </tr> </thead> <tbody> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1))</td> <td>\$ 120 \$ 60 \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td> <td>\$ 450 \$ 225 \$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td> <td>\$ 1,020 \$ 510 \$ <u>510.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td> <td>\$ 1,590 \$ 795 \$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td> <td>\$ 2,160 \$ 1,080 \$ _____</td> </tr> </tbody> </table>	Fee	Small Entity Fee	<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 120 \$ 60 \$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ 450 \$ 225 \$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 1,020 \$ 510 \$ <u>510.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ 1,590 \$ 795 \$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ 2,160 \$ 1,080 \$ _____		
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.															
<input type="checkbox"/> A check in the amount of the fee is enclosed.															
<input checked="" type="checkbox"/> Payment by credit card via EFS-Web.															
<input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.															
<input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number _____. I have enclosed a duplicate copy of this sheet.															
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.															
I am the <input type="checkbox"/> applicant/inventor.															
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).															
<input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>42164</u>															
<input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____															
<u>/Mark James Spolyar/</u> Signature		<u>September 5, 2007</u> Date													
<u>Mark James Spolyar</u> Typed or printed name		<u>415-826-7966</u> Telephone Number													
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.															
<input type="checkbox"/> Total of _____ forms are submitted.															

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